

# A REVIEW ON THE IMPACT OF LEADERSHIP IN HEALTHCARE: SOUTH AFRICAN CONTEXT

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## ABSTRACT

*This paper reports the status quo and impact of leadership in the healthcare sector in South Africa. A gap analysis was conducted in reviewing relevant literature of articles published between 2013-2018 related to the impact of leadership in the country's healthcare. This was to provide an understanding and clear awareness of the influence leadership has. It was established that leadership in healthcare falls short in addressing critical challenges in the sector. Considering the importance of leadership in healthcare, it is recommended that government should prioritize investing in leadership programs from undergraduate health programs to shelter the future of healthcare in South Africa.*

**Keywords:** Leadership, Health Care Practitioners, Health Care System, Health care, public sector.

## INTRODUCTION

According to Mayosi, et al. (2009), 14 years since the inception of democracy, South Africa still faces short comings when it comes to leadership in the health care sector. As stated by Chatterjee et al. (2017), this is mostly as a result of customary set of the health care organizations that are impervious to change. However, competent leadership in the health care has never been in demand in the past like it has been in the present days due to changes in government regulations, unexpected outbreaks, or technological advances (Saha, 2016). Furthermore, Pihlainen et al. (2015) indicate that the health care workforce of today are different from the one in the past (Chatterjee, Suy, Yen and Chhay, 2017) this might be the fact that health care sector have become demanding in our day's changing environment therefore it requires good leadership to motivate health care workers to deliver excellent services to patients Chatterjee et al. (2017) further state that the leadership in the health care is a specialized skill. Chatterjee et al. (2017) study supports Zulueta's (2015) who writes about the concept of compassion leadership in health care and defines it as the ability to be moved by others well-being (vulnerable state) and desire to change their situation for the better. Furthermore, compassion leaders enable patients to feel that they can, and they will receive the help they need.

On the other hand, Hanse et al. (2015) inscribe that individuals exhibiting servant leadership skills, which focuses on the development of followers and getting them to be take full responsibility of their own work, provide a satisfying climate for both health care workers and patients. In an environment as difficult as in the healthcare sector, it is no doubt that heartfelt leadership is needed to provide not only direction in the organization but also warmth in the hearts of patients as well as the care givers, as stated by Whaley and Gillis (2018). Schneider and Nxumalo (2017) outline four key leadership roles in health care:

- (1) To ensure that community health care services are aligned with the provincial and national policies,
- (2) Fostering accountability and organizational relations amongst health care institutions, communities and NPO's,
- (3) Performing the four management functions, and ensuring that the relevant structure are in line with health care organizational needs and,
- (4) Providing direction, developing and implementing strategies.

## Aim, Objectives and Value of the Study

The aim of this study is to report on an overview of the literature on leadership in the health care sector in South Africa and how its impact on the industry. The study presents in its findings the various leadership styles in the healthcare sector in terms of their characteristics as covered in the literature. This exercise is conducted in order to provide a reference material for management within the healthcare sector. This reference will work as guideline for junior as well as aspiring managers in the healthcare sector who intend to improve the sector's performance.

The study has not yet been conducted within a South African context. Therefore, it is contributing to the body of knowledge related to the review of leadership from a South African perspective.

## LITERATURE REVIEW

### Leadership Theories

Although well-defined and extensively discussed about in the literature with authors such as Rost (1993) who through his study presented a discovery of 221 specific definitions and conceptions of the word leadership, it is important to indicate that as mentioned by Sfantou et al. (2017), leadership has been characterized as a connection between the individual(s) leading and the individuals who take the decision to take after, while it alludes to the conduct of coordinating and organizing the exercises of a group or gathering of individuals for a shared objective (Kouzes and Posner, 2007; Northouse, 2010; Al-Sawai, 2013). The literature shows that most studies related the topic imply that healthcare employees' work satisfaction is highly linked to effective leadership in the industry (Negussie, 2016).

In this section, the various leadership theories are briefly discussed. Meuser et al. (2016) conducted an extensive study of leadership theory. The authors focused on six leadership theories out of 49 different leadership theories referred to in the articles that were studied. Chatterjee et al. (2017) provide additional types of leadership theories that are applicable in any industry:

(1) **Great Man theory and trait theory**, which suggests similar things that leaders are not made, and leadership cannot be learnt but individuals are born with certain leadership attributes and traits. The formulator of this theory, as emphasized by Hirsch et al. (2002) and cited by Straub (2017), Carlyle wrote "The history of the world is but the biography of great men", and further explained that through the assessment of the lives of the heroes of the past, one had the capacity to unearth greatness in themselves (Carlyle, 1888). Therefore, the inability to unearth this greatness is just an indication that one is not a natural born leader, according to this theory (Cherry, 2018). However, this theory is regarded as sexist, exhibiting gender bias characteristics as it points to the idea that leadership as irredeemably masculine (Spector, 2016).

(2) **Behavioral theory** proposes that the success of a leader is proportional to his/her behavior. This type of leadership is a sort of leadership based on the leader's trait. Due to the fact that this leadership theory exhibit what the leader has actually done, as opposed to what the leader can do (potential ability as in the Great Man Theory), successful leadership styles set themselves apart from those that are ineffective.

(3) **Contingency theory** suggests that leaders distinguishable in relation to the circumstances that requires leadership and how followers react at that given time. Contingency theories by and large express that the adequacy of leadership relies on the circumstance, and there are various variables, for example, the nature of the work, the personality as well as identity of the leader, and make-up of the group being driven (Leadership-Central.com, 2016). Gill (2011) asserts that contingency theories propose that there is no one particular approach of leadership, whereby leaders who are enduring as well as successful will utilize a variety of styles depending on the type of situation as well as those following him or her (Cherry, 2017)

(4) **Transactional leadership** which suggest that mobilize followers to high performance in meeting the identified needs. In other words, just to use those of McCleskey (2014) who stated that transactional leadership is based on the exchanges (or simply put – trades) that take place between leaders and followers (Bass 1985; 1990; 2000; Bass & Bass, 2009; Burns, 1978). The trades enable individuals leading to achieve their performance aims, complete required activities, keep updated with the current organizational happenings, propel supporters through legitimately binding understandings, coordinate behaviors of enthusiasts toward accomplishment of set up objectives, accentuate

noticeable rewards, stay away from unnecessary dangers, and spotlight on improve hierarchical productivity. Thus, transactional leadership enables devotees to fulfill their own self-intrigue, reduce working environment nervousness, and focus on organizational goals, for example, expanded quality, client benefit, lessened expenses, and expanded establishment (Sadeghi and Pihie, 2012).

(5) **Transformational leadership** proposes that leaders stimulate followers' desires to achieve the vision of the organization. This type of leadership theory instills commitment for the organization's mission, objectives, and strategies into the leader's followers (Yuki, 1989). It is important to indicate that Podsakoff et al. (1996), Schriesheim et al. (2006) have identified the six fundamental dimensions of transformational leadership: • Articulating a vision; • Providing an appropriate model; • Fostering the acceptance of group goals; • High performance expectations; • Providing individualized support; and • Intellectual stimulation. Considering that team meetings are held in order to generate innovative solutions and solve problems, transformational leadership is appropriate, as indicated in the findings from the study by Lehmann-Willenbrock et al., (2015). The findings by Lehmann-Willenbrock (2015) show that transformational leaders hinder counterproductive behaviors, especially during meetings, by triggering the team interaction to focus on problem solving debates.

However, Hanse, Harlin, Jarebrant, Ulin and Winkel, (2015) put forward that a leadership theory that is strongly associated to 'community' engagement is leader-member exchange, which concentrate on the quality of relationship between a leader and his/her followers.

## Leadership in Healthcare

Leadership in healthcare are often reflected as a highly focused, detachment of the wider management area (Pihlainen et al. 2015). Although having a lack of training, doctors are often called to take on leadership as well as management positions in healthcare. Endeavors to cultivate leaders and managers in the health care sector have fallen far from satisfactory. According to Whaley and Gillis (2018), this is mostly due to the programs in place to develop leaders in the sector not being adequate to meet the needs and challenges that are faced in the healthcare sector. English et al. (2011) further indicate that there is poor orientation in measuring health system inputs and processes, including significant gauges and health sector objectives in the information system area. As stated by Zingg et al. (2014) despite strategies to improve the situation in the health care physicians show little to no interest in abiding to the recommendations. Therefore, as Sfantou et al. (2017) noted management and leadership practiced by healthcare professionals is of utmost importance in strengthening quality and integration of care.

In 2010 the South African Department of Health launched a re-engineering health care strategy in the Eastern Cape province, in an effort to remedy the issues faced in by the healthcare sector. These issues, not limited to the following, do apply countrywide, include difficulty in executing official strategies that govern the public health care sector (Pillay, 2009), nonexistence of and inadequate resource distribution (Christian & Crisp, 2012), a nationwide sickness weight that is anticipated to be four times more poorer than in industrialized countries (Department of Health, 2011) and a labour force that is endlessly moving to the non- public health care sector where apparent resources and working situation are deemed more favourable than in the public sector (Ashmore, 2013). According to Stander et al. (2015), the South African Department of Health devised a crucial mission statement that provided the basis for the renewal of the emphasis on effective leadership as being the pivotal point of the nation's government duties that realizes a key role in the nation's development and ability to compete globally. It is important to indicate that in South Africa, access to primary health care is identified as a fundamental human right. Gilson and Daire (2011) outline three key leadership abilities that can transform for health care: (1) the ability to use the extensive variety of information and data in decision making, that goes beyond statistics produced in the health care system to enable to identify constraints in operations. (2) Evolve people in decision making rather than impose, however apply transparent procedures. (3) Develop strong with higher level of political support and other resourceful parties outside the system

## METHODOLOGY

The methodology for this article followed a systematic review of the literature of the recent articles, (2013 – 2018) based on leadership in health care. The systematic review was developed and conducted in line with published guidelines for reporting systematic reviews based on a GAP analysis. This particular methodology is chosen in order to make accessible the important data of leadership in health care South Africa. The articles were selected based on the relevance to the topic and its impact. The main research questions related to this study was “*what the impact of leadership in the service delivery in the health care system is?*”

Research articles were evaluated and summarized to have a clear framework and further understanding of the overview of leadership in health care from a South African perspective. A gap analysis was conducted that consisted of problem investigated, variable examined, methodology followed, findings, and context of study as well as area of future study of recent articles published between 2013 – 2018. A primary search was conducted in EBSCO’s Medical Database, PubMed, EMBASE, followed by a secondary search in Google Scholar. The terms used in the search were “Leadership in Health Care from a South African Perspective”, “Leadership Theories in South Africa’s Health Care Sector”, “Management Style in the South African Health Care Sector”, with “Leadership” being the most important keyword.

In order to conduct the GAP analysis, the following inclusion criteria, which were based on the study by Sfantou et al. (2017), were considered:

1. The papers are published in journal that are peer-reviewed
2. The papers are only written in English
3. The papers are published from 2013 to 2018, with a focus on more recent knowledge
4. The papers are based on a South African perspective
5. The papers are related to the medical or health care field.

Any research that did not satisfy the above listed selection criteria was excluded, while the ones that met the criteria considered for further review and analysis.

It is important to indicate that the research group followed a three-stage process regarding the literature screening involving the analysis of the articles’ titles (to match them with the keywords), followed the reading of the abstract, and the full paper. The members of the research group used a predesigned template to extract data. A total of 30 papers were identified from the initial search as potentially meeting the criteria listed above. However, after thorough scrutiny of those papers, the research group narrowed down the papers to nine. The information listed below was extracted from all nine papers:

- Problem investigated: the problem that the researcher(s) were investigating in relation to leadership in the health care industry.
- Variables examined: what factors were considered when conducting the research?
- Methodology followed: what methods did the researcher(s) used to conduct the research
- Findings: the key findings from the research.

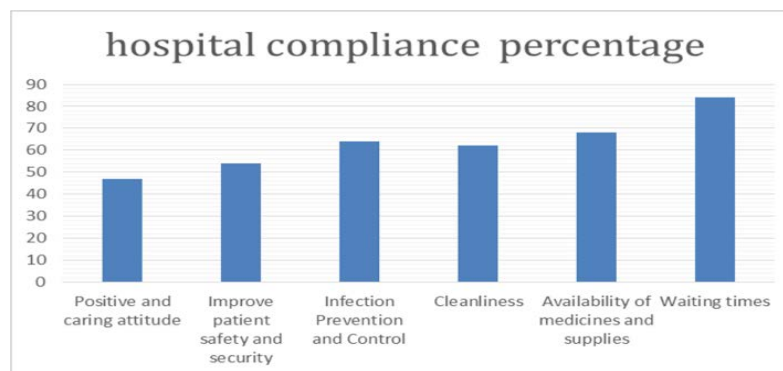
## RESULTS AND DISCUSSION

Gilson, et al. (2018) indicate that post the first democratic elections in South Africa, provincial administration has been responsible for developing of health policies and health legislations to support local primary health care sectors. Pihlainen et al. (2015) state that leadership in health care constitute of four classifications: (1) the social, which includes the understanding of the political, laws and legislations, (2) organizational, which involve the management of the sector, (3) business, which involve understanding the clinical and cultural practices, and lastly (4) financial, which involves the management of budget. (Mercer, Haddon and Loughlin, 2018) There are times where leaders in the health care don’t show competency in most or all the classifications. (Doherty, 2014) the root cause is because health care practitioners have no basic leadership training in their undergraduate studies, and they find themselves focusing only on caring for patients.

However, Whaley and Gillis (2018) argue that many health practitioners recognized only management to undergo leadership development programs. From the study by Gilson et al. (2014), it is understood that the biggest challenge however comes when professional health practitioners have to undertake managerial responsibility that they have no prior training. Gilson, Elloker, Olckers and Lehmann (2014) reports that many health practitioners lack not the leadership skills but also the confidence to carry leadership roles which compromise the administrative performance of the health care. In some instances some hospitals encourage hospitals to attend leadership programs, however the programs fail to address local needs (Whaley and Gillis, 2018). This affirms what Gilson et al. (2018) , that challenges in the health care system have been and might continue to be a ‘thorn’ in developing countries including South Africa (Gilson, et al.2018).

The GAP analysis conducted for the purpose of this paper shows that the South African health care system are not far from disappointing when it comes to compliance of vital services (Fryatti and Hunter, 2015). Erasmus et al. (2017) note that the South African National Health Insurance (NHI) improvements seek to develop and accomplish universal health coverage (UHC), the Uniform Patient Fee Schedule (UPFS) and Patients’ Rights Charter (PRC) for vital changes in how hospitals and clinics operate in order to encourage equity. However, as pointed by Jonas et al. (2017), negative behaviors and attitudes of healthcare workers have a negative bearing on accessing and utilizing health care facilities such as sexual and reproductive healthcare (SRH) for women. English et al. (2011) note that all management in the health care system and health services can be drastically improved by the use of Health Information System (HIS) which provides good quality data, and a vital building block of the health system. Nevertheless, in previous years South African has experience that implementing equity policies usually yield unwanted results instead of motivating health care practitioners (Erasmus et al., 2017). Figure 1 which is compiled from data extracted from the South African Health Review 2014/2015 (2015) shows how hospitals comply with vital services in South Africa. Positive and caring attitude of health practitioners scored below 50% at 47%, Improve patient safety and security 54%, Infection Prevention and Control 64%, Cleanliness 62%, Availability of medicines and supplies 68% and Waiting times 84%. Even though as nurses are not happy with the staffing patterns and staff shortages and encounter to the sustainability of high quality care provided (Malatji, et al. 2017).

**Figure 1: Hospital compliance**



Source: South African Health Review (2015)

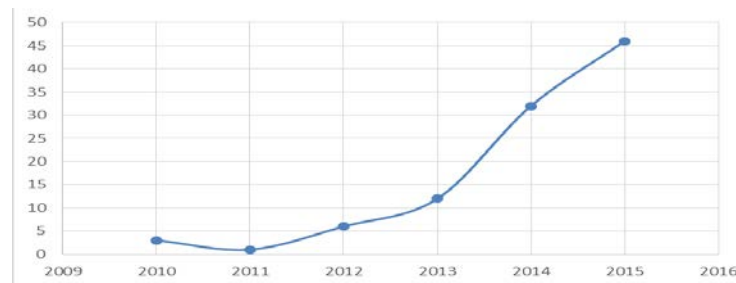
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Semrau et al. (2017) elucidate that training in the health care is increasing recognized as one of the key elements to improving the health care system. Worldwide is acknowledged as one of the critical tools to transform health systems in today's demanding environment. However, Fryatt and Hunteri (2015) state that over 50% of managers in the health care in South Africa have not went through any training programs in the recent years. As noted by Whaley and Gillis (2018), even though we see an increased number of leadership training programs in hospital (See Figure 2), there is little indication that shows that these programs are effective. Cox et al. (2017) attest that even though accessibility of treatment still remains a big challenge in the health care. A full-bodied, integrated information system is the basis for constructing a successful national healthcare delivery system, according to English et al. (2011).

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**Figure 2: training sessions conducted between years 2010 – 2015**



Source: South African Health Review 2014/15

## CONCLUSION, RECOMMENDATIONS AND THE WAY FORWARD

Pihlainen et al. (2016) state that leadership roles in health care are different from physicians and nurses and acquire different education. Gilson, et al. (2014) further indicate that a well-trained and strong leadership is required to facilitate the complexity of the health care systems and support the primary health care in developing countries such as South Africa. (Doherty, 2014) Considering the vital role that leadership can play in health care especially in South Africa the government should embraced and prioritize training health care practitioners in leadership that is world class to remedy the health care crisis in South Africa. This leadership should include leadership theories such as (1) Great Man theory and trait theory, (2) Behavioral theory, (3) Contingency theory, (4) Transactional leadership, and (5) Transformational leadership as suggested by Chatterjee, et al. (2017). Chatterjee, et al. (2017) further affirm that these leadership theories shape actions of individuals and different types of organizations including health care organizations. It is recommended that the future research should be on the implementing leadership theories to improve the health care system in developing countries. Finally, (Doherty, 2014) key drivers in health care performance should be identified and necessary strategies should be formulated to improve them.

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